

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/ATOR

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		/						52					
3	/							53					
4	/							54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
9	/							59					
10	/							60					
11	/							61					
12	/							62					
13	/							63					
14	/							64					
15	/							65					
16	/							66					
17	/							67					
18	/							68					
19	/							69					
20	-	/						70					
21	/							71					
22	/							72					
23	/							73					
24	/							74					
25	/							75					
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36	/							86					
37	/							87					
38	/							88					
39	/							89					
40	/							90					
41	/							91					
42	/							92					
43	/							93					
44	/							94					
45	/							95					
46	/							96					
47	/							97					
48	/							98					
49								99					
50								100					
TOTAL IND.	3		↓		↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.	45		←		←		←	TOTAL DEP.		←		←	
TOTAL CLAIMS	48							TOTAL CLAIMS					